

Appendix A-8: PSI-90 Claims Extraction Rules (AHRQ SAS v2021)

| Data Field Name | Description | Format | Value Description | Comments |
|-----------------------|--|--|---|---|
| Claim Number | Sequence Number Unique case identifier | Text | User defined unique identifier for each discharge record | If missing or invalid, claim is excluded |
| PATIENT ID | Unique patient identifier | Text | Unique patient identifier | If missing or invalid, claim is excluded |
| DOB | Date of Birth | Date Field | MM/DD/YYYY | Age in years at admission is created using DOB and Admission Date fields Claims with age less than 18 years at admission are excluded Claims with missing or invalid DOB are excluded |
| SEX | Sex of Patient | Numeric 1 2 | 1=male 2=female | No additional comment |
| PROVIDER ID | Data Source Hospital Number | Numeric | Hospital identification number | If missing or invalid, claim is excluded |
| DISCHARGE DISPOSITION | Disposition of Patient | Numeric 1 2 3 4 5 6 7 20 | 1=routine 2=transfer to short-term hospital 3=skilled nursing facility 4=intermediate care 5=another type of facility 6=home health care 7=against medical advice(AMA) 20=died in the hospital | Claims with Discharge disposition of AMA or to Federal Facility are excluded If missing or invalid, claim is excluded |
| ADMISSION TYPE | Admission Type | Numeric 1 2 3 4 5 6 | 1=emergency 2=urgent 3=elective 4=new born 5=trauma center3 6=other | If missing or invalid, Admission Type is coded as 6 (other) and claim is included |

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| ADMISSION SOURCE | Admission Source | Numeric 1 2 3 4 5 | 1=emergency room 2=another hospital 3=another facility, including LTC 4=court/law enforcement 5=routine/birth/other | If missing or invalid, Admission Source is coded as 5 (other) and claim is included |
| LOS | Length of Stay | Numeric | Number of days from admission to discharge | If Length of Stay is missing, invalid or less than 0, the claim is excluded |
| MS-DRG | MS-Diagnosis Related Group | Numeric | MS-DRG from MS-DRG Grouper | MS-DRG Value is provided by MS-DRG Grouper Software version 36.0 |
| MS-MDC | MS-Major Diagnostic Category | Numeric | MS-MDC from MS-DRG Grouper | MS-MDC Value is provided by MS-DRG Grouper Software version 36.0 |
| ICD-10-CM DIAGNOSIS CODES | ICD-10-CM Diagnosis Codes. DX1 is the principal diagnosis. DX2- DX25 are secondary diagnoses. Note: If e-codes are separated from secondary diagnoses in the input data file, the variable should be renamed and included as a secondary diagnosis variable (e.g., e-codes would be labeled as DX10 in a data file where the last secondary DX field is DX9). | String; three, four, five, six, or seven characters (do not include decimal point) | Diagnosis codes | If Principal diagnosis DX1 is missing, claim is excluded |
| POA | Present on admission indicator for each diagnosis code | String | 1 = present at the time of inpatient admission. (‘Y’ = Yes, and ‘W’ = Clinically Undetermined and are coded as “1”) 0 = not present at the time of inpatient admission (‘N’ = No and ‘U’ =Undetermined and are coded as “0”). | Missing or invalid values for POA are treated as 0 = Not present at the time of inpatient admission except for select ICD codes that are exempt from POA reporting Principal Diagnosis codes are considered to be POA |

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|------------------------------|---|--|--------------------|--|
| ICD-10-CM PROCEDURE CODES | ICD-10-CM Procedure Codes. PR1 is the principal procedure, PR2-PR25 are secondary procedures. | String; three, four, five, six, or seven characters (do not include decimal point) | Procedure codes | Missing values are acceptable, claim is included |
| ADMISSION DATE | Date of Admission | Date Field | MM/DD/YYYY | If Admission Date is missing or invalid, claim is excluded |
| DISCHARGE DATE | Date of Discharge | Date Field | MM/DD/YYYY | If discharge date is missing or invalid or not within the data period, claim is excluded |
| PROVIDER NAME | Provider Name | Text | Provider Name | No additional comment |
| PATIENT LAST NAME | Patient Last Name | Text | Patient Last Name | No additional comment |
| PATIENT FIRST NAME | Patient First Name | Text | Patient First Name | No additional comment |
| DUAL | Status | Text | Y = Yes N = No | Claims with Dual =Yes are excluded |
| CLAIM TYPE | Inpatient | Text | I = Inpatient | Only Inpatient claims utilized |
| CLAIM STATUS | Paid, denied | Text | P = Paid | Only paid claims utilized |